V. S. No. 1

ä

MOTHER

15. MAIOEN NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

16. BIRTHPLACE (city or town)
(Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

	STATE C	F MARYLAND—	CERTIFICATE	OF DEAT	H 13347
1. PLACE OF	F DEATH		93-0		3 0 0 2 0
County 7	Loward.		•	Registration Dis	t. No. 191
Village or C	ity alberta	₽)	No		St Ward
Length of resi	idence in city or town where o	leath occurredyrsmos	death occurred in a hospital or ins		
2. FULL NA	ME John (Sarnet Cally	ut		
(a) Residen	ce: No. Al	surton Dud	St., Ward.		
PERSON	IAL AND STATIST	(Usual place of abode)	MEDICAL	CERTIFICATE C	city or town and State
					DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	(Dey) (Year)
5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH (7. AGE	(month, day, and year) M.	Collins and 4,1873. Deys If LESS than	22. I HEREE I last saw h alive on- to have occurred on the date s	il uguir	That I ettended deceased from , 19 , 19 , 19 , death is seld , m.
9 Trada profes	ssion, or particular vork done, es SPINNER, , BOOKKEEPER, etc.	14 1 dey,hrs. Ormin.	The PRINCIPAL CAUSE OF DI were as follows:	EATH and related causes of	f importance Date of onset
9. industry or work was SAW MIL 10. Date decease this occu	business in which s done, as SILK MILL, L, BANK, etc	Mon mill	Chronie ?	nyocardu	10 \$18.37
	ty or town)	nd.			
13. NAME	James C	elluis			
	(city or town)	(0)	Name of operation		Date of

Manner of injury

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased?

(Specify city or town, county and State)
Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

if so, specify

(Signed)

(Address)

Accident, suicide, or homicide?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 9	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 13348
1. PLACE OF DEATH	190
County Journal	Registration Dist. No. 191
Village or City Scurps onville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Claredge L. A)	orsey
(a) Residence: No. Surface of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY Ahat I attended deceased from
(or) WIFE of	Dec 21 1932 to Dec 20 1932
6. DATE OF BIRTH (month, day, and year 180. 27 1901	I last saw h and alive on a mo limits death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
3/ 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or perticular kind of work done as SPINNER	
kind of work done, as SPINNER. Janu Jatom	Thosen to death
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	0
10. Date deceased last worked at // 11. Total time (years)	
this occupation (month and 12/1/3 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	None
13. NAME Cethen a. Dorsey	
14. BIRTHPLACE (city gr town)	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (LOCAL) E. Selly 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of injury 12.25, 19. 82
(State or country) Of Juny Raico,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MUChyu Dousey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL EREMATION, OR PEMOVAL	- I rozen is alain in nova
Proced Cust Drakel Dote Dec 73 1932	Manner of injury
6+1	Nature of injury
19. UNDERTAKER ORSLOW ASKO	24. Was disease or injury in any way related to occupation of deceased? \\ \mathbb{Q}
20, FILED DEC 23, 19 W 24 Frissell	(Signed) Calle DRuguro salus M. D.
Registrar.	(Address) The state of the stat
aj more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	A Land	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
V DAYAUR	3			
Other contributory causes of importance:		Other contributory causes of importance:	3	
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

certificate.

TION is very important. See instructions on back of

STATE OF MARYLAND	CERTIFICATE OF DEATH 13350
1. PLACE OF DEATH	90
County House	Registration Dist. No. 192
Village or City Hosdbure	No. St., Ward
2 M./	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME George H. Diva	00_
(a) Residence: No.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale 4. COLOR OR RACE OR DIVORCED (write the word) Male Male	21. DATE OF DEATH Dre = 20 = 1932.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF mrs. Ida Devoall	22. I HEREBY CERTIFY, That I attended deceased from
(0/, -3-)	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) / 86 6. 7. AGE Years Months Days If LESS than	I last saw h; death is sald to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wera as follows: Date of onset
S. Irade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SIIK MILL	altos innestrantino lound
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	death due to philassol
	Causes
10. Data deceased last worked at this occupation (month and yaar)	Probably sente cardine dilatation cursos.
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Reduced (State or country) Many Land	
13. NAME Benjaming Durall	arterio selevosio ; Englantansione
13. NAME VINGENIES & REACE	
(State or country)	Nama of operation Date of
15. MAIDEN NAME Zenskinson	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida? Date of injury, 19 Where did injury occur?
17. INFORMANT Mrs. Ida Durall,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hoodbrue Ma, 18. BURIAL, CREMATION, OR REMOVAL	
Place New Port Hill Centre, Dre-27 1932	Manner of injury
6 no Mart	Nature of injury
19. UNDERTAKER O' STANDS MIST.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LUZO, 132 M. M. Mastin. Registrar.	(Signed) Frank & Smith coroner M.D. (Address) Lisban, and g coroner
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	Peritonitis	3 days ago
Other contributory causes of importance	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state of OCCUPA-PHYSICIANS Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. I

OR DIVORCED (curin: thewood) So. If married, widowed, or divorced (risband) Gray Wife of So. After the profession of particular (wonth), day, and year) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (by) So. Age and the profession of particular (wonth) (wonth) (by) So. Age and the profession of particular (wonth) (wonth) (by) So. Age and the profession of particular (wonth) (wonth) (by) So. Age and the profession of particular (wonth) (wonth) (wonth) (by) So. Age and the profession of particular (wonth) (wonth) (wonth) (by) So. Age and the profession of particular (wonth) (STATE OF MARYLAND	CERTIFICATE OF DEATH 13351
Village or City Alcholdty (II death occurred in a hospital or institution, give is NAME intended of street and number) Length of residence in city Actomy here death occurred. D. yr. mes. ds. 2. FULL NAME. (a) Residence: No. Cural place of shock? (Unal place of shock) (Unal place of shock) (Unal place of shock) St., Ward. II nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS S. SINCY MARKED, MERIED, Wilnoyeth OR MYTHICLE Count by Briting (Count by Briting) 3. It murried, referred, or diverced (II) ALT OF DEATH 2. COLOR OR RACE OR OR RACE OR WINDOWS A. It murried, referred, or diverced (II) ALT OF DEATH 2. DATE OF DEATH 3. It isst saw h. silve on 1. It isst saw h. silve on 2. It was occurred on the date stated above, at	1. PLACE OF DEATH	195
Length of residence in city and lower death occurring. D. yd	County Howard.	Registration Dist. No.
Length of residence in city as lower heart death occurred. D. M		
2. FULL NAME (a) Residence: No. Columbia Statistics St., Ward. (b) Residence: No. Columbia Statistics St., Ward. (b) Binomerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COJAR OR, RACE 5. SINGL, MARRIED, WINDYOND, OR BYVORCED ("crit the World) 5. If married, widowed, or diverced (crit) Wife of (crit) Wife o		death occurred in a hospital or institution, give its NAME instead of street and number)
(2) Residence: No. Curumbaco (Chraiphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLPR OR RACE OR WYORED (carriet bysocraf) Sa. If married, widowed, or diverced HUSBAIDO (Wonth) (Clay) 1. DATE OF DEATH 2. DATE OF DEATH 2. I HEREBY CERTIFY, That I attended deceased from the date stated above, at	Length of residence in city of town where death occurred 17 Vis	ds. How long in U.S. It of foreign birth?yrsmosd
Clust place of shode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Shalles Jafle	rivay
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE 5. SINCIE, MARRIED, WIDOWED 5. INTERPLACE (city or town) 6. INTERPLACE (city or town) 6. SINCIE MARRIED, WIDOWED 7. AGE 8. Trade, profession, or particular 9. SAWYER BDUKKEEPER, etc. 9. SAWYER BDUKKEEPER, etc. 9. SAWYER BDUKKEEPER, etc. 9. SAWYER BDUKKEEPER, etc. 9. SAWYER BOUKKEEPER, etc. 9. SAWYER		
3. SEX 4. COLOR OR RACE 5. SINGLY MARRIED, WIDOWED, OR DIVORCED (warie theylorod) 3. If married, widowed, or divorced HUSBAND (Month) (Month) (Day) (Sal I married, widowed, or divorced HUSBAND (Month) (Month) (War) (War) (War) (War) (War) (War) (War) (Month) (Day) (I LESS than to have occurred on the date stated above, at		
OR DIVORCED Curine the world with the world (Month) (Gay) (Year) 19. (Oar) WIFE of 22. I HEREBY CERTIFY, That I attended decessed from the state of		
5. DATE OF BIRTH (month, day, and your lawn) 5. DATE OF BIRTH (month, day, and your lawn) 5. DATE OF BIRTH (month, day, and your lawn) 5. DATE OF BIRTH (month, day, and your lawn) 5. DATE OF BIRTH (month, day, and your lawn) 5. DATE OF BIRTH (month, day, and your lawn) 6. DATE OF BIRTH (month, day, and your lawn) 7. ACE 7. ACE 7. ACE 7. ACE 8. Trade, profession or particular wind of work done as SPINNER, SAWRE, BOOKKEEPER, etc. 9. If LESS than lawn lawn lawn lawn lawn lawn lawn la		Nell: 4 193 2
HUSBAND of (or) WIFE of S. DATE OF BIRTH (month, day, and your particular pa	5a. If married, widowed, or divorced	(Month) (Day) (Year)
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fro
TAGE	600 44 300	, 19, to, 19, 19
28. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BONKEPER, etc. 29. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 20. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 21. Data doesead last worked at this occupation (mogth and year) 22. IRRTHPLACE (city or town) (State or country) 23. NAME 24. BIRTHPLACE (city or town) (State or country) 25. INFORMANY (State or country) 26. ISRTHPLACE (city or town) (State or country) 27. INFORMANY (Address) 28. Trade, profession, or particular were as follows: Were as follows: Data of importance Data of operation Name of operation Name of operation Name of operation What test confirmed diagnosis? Was there an aulopsy? Where did injury occur? Specify whether injury occurred in Injurys oc	6. DATE OF BIRTH (month, day, and year)	I last saw h; death is sai
8. Trade profession, or particular kind of work dome, as SPINNER, SANYER, EDONKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at period of the coupting of the		
S. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BONKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at / this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY (Address) 18. BURIAL CREMATION, OR REPOORAL (Address) 19. UNDERTAKER (Address) 10. Date deceased last worked at / spent in this occupation of deceased? 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation	0 0rmin.	ware as follows:
Other Cantributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REPORAL (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. Under Cantributary Causes of Importance: Other Cantributary Causes Name of operation. Name of operation. Other Cantributary Causes Name of operation. Name of operation. Other Cantributary Causes Name of operat	8. Trade, profession, or particular kind of work done, as SPINNER,	Jun-puos
Other Castributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REPORAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Where did injury in any way related to occupation of deceased? 17. INFORMANT 18. BURIAL CREMATION, OR REPORAL (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. INFORMANT 11. So, specify 11. So, specify 11. So, specify 12. Was disease or Injury in any way related to occupation of deceased? 15. Manner of injury 15. Manner of injury 16. BIRTHPLACE (city or town) (Specify city or town, country and State) 17. INFORMANT 18. BURIAL CREMATION, OR REPORAL (Address) 19. Was disease or Injury in any way related to occupation of deceased? 19. Was disease or Injury in any way related to occupation of deceased? 16. So, specify	SAWYER, BODKKEEPER, etc.	wante oración 19
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17. INFORMANTUS Places of Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18. BURLAL CREMATION, OR REPOYAL Places of Lange o	State or country) Mary lace:	
18. BURIAL CREMATION, OF REPOYAL Place Cure Supplement Date 12. Tr. 13. Manner of injury Library Supplement Cure Supplement	17. INFORMANTUS Margaret Gallaway	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
19. UNDERTAKER Saston Sous (Address) Assure of injury the leave to occupation of deceased? 24. Was disease or Injury in any way related to occupation of deceased? If so, specify	18. BURIAL, CREMATION, OF REMOVAL	Manner of injury 1 Han short would
19. UNDERTAKER Saston Sous (Address) 24. Was disease or Injury in any way related to occupation of deceased? If so, specify	parties huger Date 1, 19	
(Address) Sole gill Cely If so, specify	in marriage Exactly Lour	
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(Signed)	12/5/32. manhali slen	(Signed) Thank the M.
20. FILED (Address) Savog 3 (Lul) .	20. FILED Registrar.	13.7283

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(9)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
M)	RD. Every it	YSICIANS	statement o
	ENT RECO	rly. PH	ed. Exact
BINDIN	PERMANI	d EXAC	erly classifie
MARGIN RESERVED FOR BINDIN	THIS IS	ould be state	nay be prop
IN RESE	IDING INK	d. AGE she	, so that it 1
MARG	VITH UNE	ully supplie	plain terms
•	LAINLY, V	uld be caref	DEATH in
Ħ.	-WRITE F	mation sho	CAUSE OF

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certificate.

See instructions on back

TION is very important.

B.—WRITE PLAIN

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V. S. No. 1

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	13352
1. PLACE OF DEAT	ГН			<u> </u>	0.0
CountyHo	ward	+		Registration Dist. No	95
Village or City	Laurel	R.D.R.		No. St. f death occurred in a hospital or institution, give its NAME instead of street	Ward
Length of residence in cit	y or town where de	ath occurred)	. O_yrs O_mos	s ds. How long In U. S. if of foreign birth?	mos()ds.
2. FULL NAME	- Bahu Gi	nl Cih	\Q.Q.M		
(a) Residence: No	Lau	(Usual place	of abode)	St., Ward. If nonresident give city or town	n and State
PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н
female	a or race	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193
5a. If married, widowed, or divol HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY. That I atte	
6. DATE OF BIRTH (month, day	, and year)	A 2 30		Hast saw haffected IThorn,19	
7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	1-2
8. Trade, profession, or pakind of work done, sawyer, BookKeel SAWYER, BOOKKEEl Work was done, as SAW MILL, BANK, e 10. Date deceased last wor this occupation (mone)	which	ome		maternal nybuli	Date of onset
work was done, as S SAW MILL, BANK, e 10. Date deceased last wor this occupation (mon year)	ked at oth and	spe	ime (years) nt in this upation	Other Contributory Causes of importance:	uni: 10 r
12. B1RTHPLACE (city or town) (State or country)	Laur	el			
13. NAME	ips Gih	aon		unk 10111	
13. NAME 73. 73. 73. 73. 73. 73. 73. 73. 73. 73.	wn)		kirk	Name of operation Date What test confirmed diagnosis? Was ther	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	ma Sten	1 03-		23. If death was due to external causes (VIOLENCE) fill in also the foli	owing:
16. BIRTHPLACE (city or to	wn)	Pa.		Accident, suiside, or homicide? Date of injury Where did injury occur?(Specify city or town, county an	
17. INFORMANT	a Stenla Laurel I	ogr d		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLI	C PLACE.
18. BURTAL, CREMATION, OR R	EMOVAL	_Date	rcg, 19-a.g.	Manner of injury	
19. UNDERTAKER (Address)	- An	D P 0		24. Was disease or injury in any way related to occupation of deceased. If so, specify	d?
20, FILED 1 2 / 8 32	5 Shar	rkfl	Registrar.	(Signed) 12 a Manua Lama Lama Lama Lama Lama Lama Lama La	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 yeor

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MARGIN

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il	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis cost =	3 days ago
	GAVIBO	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death-and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street cur July 5, 1927 Peritonitis Other contributory causes of importance:

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH		10.11	
County Howard		Registration Dist. No. / 9	3
Village or City Slemmer	Z. (III	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where d	eath occurredmos	ds. How long in U.S. if of foreign birth?yrsmos.	d:
2. FULL NAME Elizabets	+ 10 Howara	/	
(a) Residence: No. Look	Wille, Md, (Usual place of abode)	_St., Ward. If nonresident give city or town and S	łale
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Timale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Auc. (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sen J	h	22. 1 HEREBY CERTIFY. That I attended do	
6. DATE OF BIRTH (month, day, and year)	all and	I last saw has alive on Decl ,1927;	.,
7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated abovo, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nom	Lobar Vnumoma	6 da
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
10. Data deceased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation		
12. BIRTHPLACE (city or town) Pad (State or country)		Other Contributory Causes of importance:	6 day
13. NAME Bensdick	Howard		
14. BIRTHPLACE (city or town) Mul- (State or country)		Name of operation Date of What test confirmed diagnosis? Was thera an au	
15. MAIDEN NAME Same P.	Dans	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) You		Accident, suicide, or homicide?	
17. INFORMANT Mrs. Emma (Address) Loop barill	De Munquiondo	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place It or alarm Denie	Tupo Dec 5 ,1932	Manner of injury	
19. UNDERTAKER HENRY W. M. (Address) 805 m. Coals	earthon	24. Was disease or injury in any way related to occupation of deceased?	49
20. FILEO M. C.3., 1982	Thory on hum	(Signed) & U. T. Charles (Address) Clurissrille V	nd M

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Chronie interstitial nephritis	BUELLU	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Again -					
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis ,	1 year	

PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH Registration Dist. No. classif EXACTL (If death occurred in Village or CityWard) a hospital or institu-tion, give its NAME in-stead of street and roperly class certificate. 2FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. may be OR DIVORCE onid (Write the word) (Month) (Day) (Year). 6 DATE OF BIRTH 17 ERTIFY, That I attended the deceased from that nstruction (Day) (Year) that I last saw U 7 AGE Ilf LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: ppiied rms or min.? B OCCUPATION te (a) Trade, profession or 0 particular kind of work refuily 0 (b) General nature of industry d business, or establishment in 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA F D 10 NAME OF (Signed) FATHER shot E CF Addresa) 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in RENT *State OZ: CAUS Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state ccup) ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or Country) 00 Where was disease contracted, if not at place of dea.h? shoul of 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual readence. (Informant) Every It CIANS OR REMOVAL (Address) 20 UNDERTAKER Filed If more bianks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVE

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

10 1933

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 13355
1. PLACE OF DEATH	82-2
County # onasa -	Registration Dist. No. 193
Village or City Alenela.	NoSt.,Ward
(If Length of residence in city or town where death occurred 2 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
0.1. 61.	thow long in U.S. if of foreign birth?mosds.
2. FULL NAME SIFECCO Chyatel	n. produ
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2011ce the word)	21. DATE OF DEATH LOLG 28, 193 32 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aff. Moore	22. I HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10-18-54	I last saw h. L. alive on Afte 21 19.32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	afterflessing 1.3-32
10. Date deceased last worked at this occupation (month and year)	
Park Park	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	A les - Allesense
13. NAME Jamely Willia.	
13. NAME JAME HILLS. 14. BIRTHPLACE (city or town) Classificate (State or country)	Name of operation Date of
The state of the s	What test confirmed diagnosis? Was there an autopsy?
H / / / / / / / / / / / / / / / / / / /	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMAN Blanchard Proorl	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place (MUMIL) Jug Date HILL 3/, 19.32	Nature of injury
19. UNDERTAKER CM Walfy 19	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Wee 25, 1932 My Maslin	(Signed) A Magazin M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAN 10 1038			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

TION is very important.

CTATE	OF	MADVI	AND	CEDTIE	CATE	OF	DEATI
SIAIL	UF	MARYL	-UVIA.	-CERTIF	ICAIL	UF	DEATE

13350

1.	PLACE O	F DEA	тн				
County Howard						Registration Dist. No.	90
	Village or (City E	lkridge			No. St	Ward
				death occurred 1	5 (II	f death occurred in a hospital or institution, give its NAME instead of street and s	
2.	FULL NA	ME	Arthur	W. Nels	on		
	(a) Resider	nce: No	Lain	St. El (Usual place	kridge	St., Ward. If nonresident give city or town an	nd State
	PERSON	NAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 8	ex le		or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 30 (Day)	., 193 2
5a. l	f married, widow HUSBAND of	ved, or div	orced				(Year)
	(or) WIFE of	Amel	ia B.	(nee Cl	ayton)	1 HEREBY CERTIFY That I attended	
6. D	ATE OF BIRTH	(month, da	y, and year)	et. 18t	h. 1890	I last saw han alive on Die 28 19.5	death is said
7. A	GE Yea	ars 42	Months 2	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	
2	8. Trade, profe	ssion, or p	articular	1	(UI	were as rollows:	Date of onset
110	SAWYER	, BOOKKEI		Salesma	n	Chenus Endo Cardetes	1929
OCCUPATION	9. Industry or work wa	s done, as	SILK MILL. TO	aint Bu	ginege	A.	3
SC	10. Date deceas	LL, BANK, sed last wo	rked at /	II. Total 1	time (years)	Mecenating	
this occupation (month and 5 / 931 spent in this year)			spe	ent in this 2 A	V		
12.]	BIRTHPLACE (ci		Baltim	ore		Other Contributory Couses of importance:	
ER	13. NAME H	erdi	nand Ne	lson			
FATHER	14. BIRTHPLACE (State of	E (city or to	own) Bal	timore	o.d.	Name of operation Date of What test confirmed diagnosis? Lethan_pa Was there an	
ER	15. MAIDEN NA	ME U	livia b	aldwin		23. If death was due to external causes (VtOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or to	balt	imore		Accident, suicide, or homicide?	T
×		country)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	dd.	Where did injury occur?	
17. INFORMANT Ars. Amelia B. Nelson, (Address) Lain St. Elkridge Ma.						(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL			7/	0/57	Manner of injury		
Place Loudon Fark Cemate 1/2/33,19			embate 1/	2/00,19	Nature of injury		
19. UNDERTAKER Ses. 2. Beyer Dr. (Address) 1512 Holling St. Bulto. ma.			1.	lto ma	24. Was disease or injury in any way related to occupation of deceased?	700	
20. F	20. FILED LOCE - 31, 19 32 / Mise & Nich Will Resistrat.				Wied Will Registrar.	(Signed) Asheroon	mol.
			If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	
1915	of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	GBAIBOBI	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARTEAND	CERTIFICATE OF BEATTI			
1. PLACE OF DEATH	7:2			
County Noward	Registration Dist. No. 193			
Village of City Poplar Springs Gr. F. L	In Mot Civily, St., Ward			
Length of residence In city or town where teath occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME Starry Co. Tickett	1			
(a) Residence: No. Qay (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ward) Male Manual	21. DATE OF DEATH D2C = 2/2, 1932 (Month) (Day), (Year)			
6a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mass, Elra Pickett	22. I HEREBY CERTIFY. That I attended deceased from 1932 to Allee 21 1932			
6. DATE OF BIRTH (month, day, end year) 1886 - 8 - 24	I last sew h with alive on			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:20 am.			
46 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, auto mechanic. SAWYER, BOOKKEEPER, etc.	Perniciono anemia Datgofonset			
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Dato deceased last worked et this occupation (month and year)				
12. BIRTHPLACE (city or town) Abovered les (State or country) Many land.	Other Coutributory Causes of importence:			
13. NAME William It. Pictatt,				
14. BIRTHPLACE (city or town) Howard las (State or country) Many land.	Name of operation Date of			
15. MAIDEN NAME amando, V. Bosomas	What test confirmed diagnosis?			
16. BIRTHPLACE (city or town) Staward Cas- (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
17. INFORMANT John T. Pridett, (Address) (FP & II not asine, Und.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place of officer of principal Company Date = 247932	Manner of injury			
19. UNDERTAKER 6. 79. Half. (Address) Huckield Md.	24. Was disease or injury in any way related to occupation of deceased?			
20. FILEDALLE 23, 1932 M Master. Registrar.	(Signed) Janly Fall M. D. (Address) M. D. W. D. M. D.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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m. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13358
1. PLACE OF DEATH	
County Howard	Registration Dist. No. 191
Village or City Mus Elle cotterty	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward Redalus	
(a) Residence: No. mar Elle of the	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) What Murrus	21. DATE OF DEATH COMMONTH (Month) 3 / (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Calturum 1 Hedy lut.	about July 1 1932 to Dec 3/ 1932
6. DATE OF BIRTH (month, day, and year) Mar 16 1866	Hast saw harm alive on Sic 30 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at &m.
67 Harry 17 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Jaranely matrus) whire I than
kind of work done, es SPINNER, Farmur SAWYER, BOOKKEEPER, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and spant in this occupation	
50. //	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Adrus (au) (State or country)	with school you
E Val A	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Wes there an autopsy?
II VIA	23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) 16. State or country)	Where did injury occur?
D 110 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT PUT MAGUETA (Address) Elevand Cet Sud.	Specify whether injury occurred in introduct, in monte, of introduct of Educ.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It 1933	Neture of injury
Hall due	24. Wes disease or injury in eny way related to occupation of deceesed?
19. UNDERTAKER A amascus Mch	If so, specify
and faces 3 33 lotel Finance	(Signed) I a Stroll of M.D.
20. FILED funcy 2, 1933 W. V Transier.	(Address) Clarkirdh 1114

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Example I The principal cause of death and related causes of importance were as follows: Arteriosclerosis Date of onset			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	and Brown En So B. I want	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB G E	July 5,1927	Peritonitis	3 days ago	
	BURLAU V. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of inforproperly classified. FOR BINDIN TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.-WRITE PLAINLY, ż

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	$\underline{}$ 13359
County Stoward	Registration Dist, No. 194
Village or City Alhollon	No. St. Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John W Stromb	lig
(a) Residence: No. allutty	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male On Divorced (write the word)	21. DATE OF DEATH Dea , , 193 2
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Church of Througher	22. I HEREBY CERTIFY. That I attended deceased from
E DATE OF RIPTU (TOTAL) A POR 2 5 10 50	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw keen_alive on_Ner_31, 19.3 2; death is said to have occurred on the date stated above, at 8.40 Pm.
5/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	y were weare of west many years
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAINDERFORM SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10, Date deceased last worked at this occupation (month and the processing of the pro	
Do lo Date deceased last worked at this occupation (month and 9 7) spent in this occupation coupation	
12. BIRTHPLACE (city or town) Mary lawy (State or country)	Other Contributory Causes of importance . replante - years
13. NAME Willeam Stromber	
13. NAME Ulland Strombly 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Trusting Junder 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mo. W. E. Ollson (Address) Coclay will new	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place a tuding lie Date Ole . 3, 19 3 2	Nature of injury
19. UNDERTAKER Easton Sous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Elliegh Chlin	If so, specify
20. FILED DIC 2, 1932 Sa Millarla Registrar.	(Signed) (Signed) (Address) Clarksolly M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		danie O R.O.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	. PLACE OF DE	- 400 1 01	1.		Registration Diet No. 191
ra a	County	200	10.1-		Registration Dist, No
	Village or City	quereas	elly	Clf	No. St., f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence i	n city or town where de	eath occurred		ds. How long in U.S. If of foreign birth?yrsmos
2	. FULL NAME	Child	of ll	Villeau	i A. y Ella M. Teal
	(a) Residence: No		1		St., Ward.
(Alle Control			(Usual place		If nonresident give city or town and State
-		ND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3.	Malo	LOR OR RACE	OR DIVORCEI	RIED, WIDOWED,	21. DATE OF DEATH
5a.	If married, widowed, or	livorced			(Month) (Day) (Ye
	If married, widowed, or HUSBAND of (or) WIFE of			,	22. HEREBY CERTIFY That I ettended decease
		10		6-	10 32, to 8 14, 19
	DATE OF BIRTH (month,		le.14	, 1932	I last saw h after on 1 1 2 death
7. /	AGE Years	Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, atm.
				ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
TION	8. Trade, profession, o	na, as SPINNER.			
ATI	SAWYER, BOOK 9. Industry or busines		•		f f g f
UP	9. Industry or busines work was done, SAW MILL, BAN	as SILK MILL, K, atc			The state of the s
OCCI	10. Data deceased last this occupation (worked at	II. Total ti	me (years) It in this	19 min /
	year)		OCCU	pation	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or to	vn)	Eller	yell	Other Country Causes of Importance.
~	(State or country)	.///	my lo	my!	
HER	13. NAME	ellese	14.	Leal	
FATH	14. BIRTHPLACE (city o			Co. 1	Name of operation Date of
-	(State or country	711	2.1	20	What test confirmed diagnosis? Was there an autopsy?
HE	15. MAIDEN NOOP	ca Mai	1 101	els	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city o		101	- P	Accident, suicide, or homicide?, 19
	(State or countr	11 5	ary	races	Where did injury occur?(Specify city or town, county and State)
17.	INFORMANT CO	y. dea	010		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	(Address) BURIAL, extendation, 0	R REMOVAL)	Cary		
	Place reeles	cells Tames	Date De	22.14.1932	Manner of Injury
	1 5	7 9	7	7, 102	Nature of Injury.
19.	UNDERTAKER (Address)	elon De	of Ci	C.	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED See 13	193 - WT	V Fres	sees	(Signed)
	//>			Registrar.	(Address) Siller 7-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1933.	July 5,1927	Peritonitis	3 days ago
BURRAUTV,S			
Other contributory causes of importance:	the companied of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	10001
County Howard	Registration Dist. No. 195
Village or City albellog	No. St., Ward
24	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(1) 22	A A A
2. FULL NAME William Thos	
(a) Residence: No. (Usual place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Bessee Flores	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) May 12 1868	, 19 , to , 19 t last saw h , alive on , 19 ; death is said
7. AGE Years Months Days If LESS than I day, hrs. or min.	to have occurred on the date stated above, at 530 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rumania
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Sunation of them
10. Date deceased last worked et this occupation (month and 1920) spant in this occupation	Drorelo-preumoriala Cw& R
12. BIRTHPLACE (city or town) / Pary land.	Other Coutributory Causes of importance:
13. NAME Caincel Thomas	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy? \(\textit{Loc} \)
15. MAIDEN HAMEOURILY Stawfairs	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). (Stete or country)	Accident, suicide, or homicide?
17. INFORMANTUS Bessie Thomas (Addyess) Series sonville Wil	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAY PROCEED A REMOVAY Date Dec. 2619.3	Manner of injury
19. UNDERTAKER CASTON Son	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 12 [24 32 March Shipley,	(Signed) Address & Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 4 1 33	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARTLAND	CERTIFICATE OF DEATH 13362
1. PLACE OF DEATH	3 10 n
County / Toward	Registration Dist. No. 195
Village Dr City	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mfaut White	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 12 14 3 2 (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1214132.	, 19 , to , , 19 , . , 19 , death is seld
7. AGE Years / Months Days If LESS than	to have occurred on the date steted above, at 9m.
1 day, - Lahrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BDDKKEEPER, etc.	*
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Dther Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
Ξ	None of countries V
I4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Wabel Hall	23. If death wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Walel Hall 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A. P. Horman White (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Du Merrises Date 12747 2, 19	Nature of injury
19. UNDERTAKER a. P. Garman White, acting	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Savoy. M.	If so, specify
20, FILED 12/4/1932- markthifley.	(Signed) Market M.D.
Registrar.	(Address)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ALONDO DE SPRINGERO DE LOS DE LA CONTRACTOR DE LA CONTRAC	District Co.	

STATE OF MARYLAND—CERTIFICATE OF DEATH County, Francisco of post of the purpose		or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	3363
Village or City. And the Control of the popular of indication, give in NAME indeed of stered and washing the control of the popular of indication. The popular of indication of the popular of indication. The popular of indication of the popular of indication. The popular of indication of indication of indication of indication. The popular of indication of indication of indication of indication of indication. The popular of indication of indication of indication of indication of indication. The popular of indication of i			1. PLACE OF DEATH	940	10
Village or City. And the Control of the popular of indication, give in NAME indeed of stered and washing the control of the popular of indication. The popular of indication of the popular of indication. The popular of indication of the popular of indication. The popular of indication of indication of indication of indication. The popular of indication of indication of indication of indication of indication. The popular of indication of indication of indication of indication of indication. The popular of indication of i	M	of ild	County Howard Coquity	Registration Dist. No.	2
Length of residence in city or town where death occupyed. 2. FULL NAME Can Residence in city or town where death occupyed. 3. SEX BURNET CONTROL OF THE STORY Control of the specific of shocks. 3. SEX Control of the specific of the specific of shocks. 3. SEX Control of the specific	Tin	short f O			Ward
3.5 SEX 4. COLOR OF SECT. S. SINCE. MARRED. WIDOWSD. OR WOODED Covine the wido So. 11 married, widowed, or divorced MUSAND of Covine the wido So. 12 married, widowed, or divorced MUSAND of Covine the wido So. 12 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 15 married, widowed, or divorced MUSAND of Covine the wido So. 15 married, widowed, or divorced MUSAND of Covine the wido So. 16 married, widowed, or divorced MUSAND of Covine the wido So. 16 married, widowed, or divorced MUSAND of Covine the wido So. 17 married, widowed, or divorced MUSAND of Covine the widowed, or divorced MUSAND or covine the widowed, or divorced MUSAND of Covine the widowed, or divorced MUSAND or covine the MUSAND or covine the widowed, or divorced MUSAND or covine the					
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3.5 SEX 4. COLOR OF SECT. S. SINCE. MARRED. WIDOWSD. OR WOODED Covine the wido So. 11 married, widowed, or divorced MUSAND of Covine the wido So. 12 married, widowed, or divorced MUSAND of Covine the wido So. 12 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 14 married, widowed, or divorced MUSAND of Covine the wido So. 15 married, widowed, or divorced MUSAND of Covine the wido So. 15 married, widowed, or divorced MUSAND of Covine the wido So. 16 married, widowed, or divorced MUSAND of Covine the wido So. 16 married, widowed, or divorced MUSAND of Covine the wido So. 17 married, widowed, or divorced MUSAND of Covine the widowed, or divorced MUSAND or covine the widowed, or divorced MUSAND of Covine the widowed, or divorced MUSAND or covine the MUSAND or covine the widowed, or divorced MUSAND or covine the		SICI ater	001 -11-11	1 Accessed the	
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MALE SALE OF BIRTH (month, day, and year) Many Depth (Month) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If married, widowed, or divorced (Sale of word) So. If tals saw has alive on Sale of the sale stated above, at I is to have occurred on the data stated above, at I is to ha		P.P. P.I.		MEDICAL CERTIFICATE OF DEATH	
HUSBAND of Control of		HA		Nec 20	, 193 - (Yaar)
HEAD A VALUE OF BIRTH (month, day, and year) WHERE A VALUE OF BIRTH (month, day, and year) WHERE A VALUE OF BIRTH (month, day, and year) WHERE A VALUE OF BIRTH (month, day, and year) WHERE A VALUE OF DEATH and related causes of importance were as follows. Which was clearly as the work of the control	DIN	A C assifi	HUSBAND of	11/2 12 27 11/2 2	deceased from
TARY WAR AND STATE OF	NIN NIN	EXT.	6. DATE OF BIRTH (month, day, and year) May 10 1879	Hast saw how alive on Lluc 20 1934	; death is sai
ATTURED BY THE SOLVE PERFORMANT OF SHINER AND ALLER AND		d d	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1/13 m.	
ATTURED BY THE SOLVE PERFORMANT OF SHINER AND ALLER AND	ĮĢ.	S A		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of open
Place of the contributery Causes of importence: Valuation		70	8 Trada, profession, or particular kind of work done, as SPINNER	p-	
THE SUNDEND STATE OF STREET OF STREE	国	500	SAWYER, BOOKKEEPER, etc.	angina Vielna	12902
THE SUNDEND STATE OF STREET OF STREE	RV	oulc ma bac	work was done, as SILK MILL, Leineture Store	1	
NITO AND THE WAY OF THE PLACE (city or town) A COUNTY AND	SE		10. Date deceased last worked et / 2/20/52 11. Total time (years) spent in this		
Was there en autopsy? 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMINON, R. REMOVAL 19. INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMINON, R. REMOVAL 19. UNDERTAKER 19. OF FILED 12. 21. 32. 19. Manual Place 19. Where did injury 19. Where did injury 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. OF FILED 12. 21. 32. 19. Manual Place 19. Of FILED 12. 21. 21. 21. 21. 21	RE		yaar) occupation A 920	Other Contributory Causes of importence:	
Name of operation		So 1			
Name of operation	E	FAI ied. ns.	1 0/3 c// 1 0/80 - 1/-		
What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CAMPATION, SR REMOVAL 18. BURIAL CAMPATION, SR REMOVAL 19. UNDERTAKER 19.	AR		I 13. NAME Stilliam V. Stillall		
THE TOTAL OF THE WAS DEED TO STREET OF THE W	Z	_ 3 0 1	14. BIRTHPLACE (city or town) Weekles, Jewish		1-0
Accident, suicide, or homicide? Date of injury Date		生育者.			
17. INFORMANT A DECEMBER 11. INFORMANT A DECEMBER PLACE. (Address) 18. BURIAL, CASCAPATION, 9R REMOVAL Place A DECEMBER 10. Date 12 125 32 Place A DECEMBER 10. Date 12 125 32 19. UNDERTAKER (Address)		ref in tan	E IS DISTURDED IN THE PLANE OF THE PARTY OF		
17. INFORMANT A DECEMBER 11. INFORMANT A DECEMBER PLACE. (Address) 18. BURIAL, CASCAPATION, 9R REMOVAL Place A DECEMBER 10. Date 12 125 32 Place A DECEMBER 10. Date 12 125 32 19. UNDERTAKER (Address)		Po TTH	State or country)		, 17
Place Touchow baiff, Date 19 Natura of injury Natura of injury 19. UNDERTAKER About to resolution of deceased? 19. UNDERTAKER About to resolution of deceased? 19. UNDERTAKER (Address) Flamms Will (Signed) (Signed) (Signed) M. Registra. (Address) (Address) M. M. (Address)		Y TO L		(Specify city or town, county and State	e) ACE
Place Audito File Date 19 Natura of injury 24. Was disease or Injury in eny way related to occupetion of deceased? 19. UNDERTAKER (Address) Flame Med 18 (Signed) (Signed) (Signed) M. Registra. (Address) M. M. (Address) M. M. (Address)		F-4 (0)		Manner of injury	
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20. FILED 2 21 32 19 Marks Mey (Signed) (Address) M. (Address) M.	No.	1	(Address) Fam Mel	If so, specify	
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	12	F			· <i>)</i>

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 4	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Name changed during war time to RAYMOND P. JOHNSTON due to fact that real name
is of German origin. See note filed 1/16/33 undr Dr. StewardBureau vital Statis